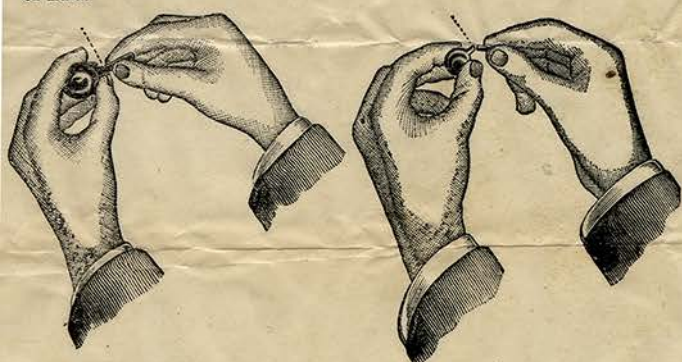


NOTE.—The containers hold the units listed, irrespective of the quantity of fluid.



No. 1.

No. 2.

Directions for Administration.—The antitoxin is injected hypodermatically.

Whatever its form, the syringe must be thoroughly sterilized. The following method is recommended for syringes with rubber or leather packing, and is applicable to any other form: Wash out the syringe and needle repeatedly with 5-per-cent. carbolic acid. Place the needle in a small dish of the carbolic acid solution until ready to use it. Now wash out the syringe once or twice with recently boiled water.

Remove the bulb from the carton. If there is any serum in the neck of the bulb, by gently tapping with the forefinger a part or all of this may be made to flow back into the bulb. On the neck of the bulb is a file-mark. Place the thumbs, one above and the other below this mark, on the opposite side of the neck, and using the fingers as levers, break off the neck. See cut No. 1 and 2. Replace the bulb in the carton. See cut No. 3. If there is any serum in the broken-off neck, draw it into the syringe before introducing the needle into the bulb, and when the contents of the bulb have been drawn into the syringe, hold the latter upright and expel any air that may have entered.

If an ordinary hypodermatic needle is used for filling the syringe, a little serum will be left in the bottom of the bulb (a circumstance that may be avoided by using an old needle which has had the beveled extremity broken or filed off). Draw all the serum into the syringe that will go, then remove the bulb from the carton, invert it, and, with the point of the needle in the neck, the last drop of the serum will enter the syringe.

A readier method of filling the syringe is provided in the use of the Filling Needle which we supply with our serum syringes. This needle is used for no other purpose than drawing the serum from its container (bulb or vial, as the case may be); it should be sterilized before use.

The places best suited for injection are the thigh, abdomen, nates, or side of the breast, where there is considerable subcutaneous connective tissue. The skin at the point of injection should be scrubbed with soap and water, and then rubbed with a 5-per-cent. carbolic acid solution, this disinfectant acting at the same time as a local anæsthetic, diminishing the pain of injection.



No. 3.

Inject the antitoxin fairly deep, and slowly, into the subcutaneous tissue; close the opening made by the needle with iodoform collodion.

In mild or suspected cases, when the remedy is administered promptly in the first 24 or 36 hours, 500 units is usually sufficient.

In the great majority of cases—those of the average severity—1000 units constitutes a full dose.

In severe, late or complicated cases, either in adults or children, or in the severe laryngeal cases, 1500 or 2000 units should be used.

Repeat the dose, if indicated, at intervals of 12 to 24 hours.

Immunization.—When children or adults have been exposed to diphtheria, they may be protected against the disease for at least three or four weeks by an injection of 500 normal units of antitoxin. We wish to *strongly* insist, however, that if the serum is to be used at all it must be used immediately after the bulb is opened.

In all cases, the earlier the serum is administered the more certain and rapid is the cure. In croup cases and in suspicious cases of any severity it is better to inject the remedy at once, and make a culture at the same time, for bacteriological examination, than to delay the treatment until a positive diagnosis has been made by bacteriological means.

Local Treatment.—This must not be neglected. Probably the best local treatment is swabbing the throat with Loeffler's solution. This is a powerful germ-destroyer. The solution can be applied with a large camel's-hair brush, or with a cotton swab. Be very careful to shake the swab or brush before applying, so that drops of the fluid cannot fall into the larynx. The throat should be swabbed out several times a day.

Constitutional Treatment.—With the serum treatment and with Loeffler's solution locally, there is no need of any constitutional treatment for the disease itself. But the eliminative organs must be looked after, and in case any organ fails in its function appropriate treatment must be given.

Sequelæ.—Some hours or even days after the injection of the serum, erythema may appear, also slight local pain and numbness, and occasionally pains in the joints. These are as a rule transitory, and need excite no alarm.

SYRINGES:

SERUM SYRINGES.—We recommend, for the injection of Anti-diphtheritic Serum, our **Serum Syringe No. 1**, which has a capacity of 6 Cc., and is supplied in a leather, celluloid-lined case, containing three small injecting needles and a filling needle.

For the injection of those serums and toxins which are administered in larger doses than 6 Cc., **Serum Syringe No. 2**, which has a capacity of 10 Cc., should be employed. This syringe is supplied in the same style of case as No. 1, but with one less injecting needle.

PARKE, DAVIS & COMPANY,
Manufacturing Chemists,

Detroit, New York, Kansas City, Baltimore, and New Orleans, U. S. A.
Walkerville, Ont., and London, Eng.